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Amat A
D. Smalls-lgr
12/31/02
PATENT APPLICATION
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TECHNOLOGY CENTER 2800

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of:)
NAOJI OTSUKA ET AL.) Examiner: L. Nguyen
Application No.: 09/675,005) Group Art Unit: 2861
Filed: September 29, 2000)
For: PRINTING APPARATUS)
PRINTING METHOD AND)
PRINT) December 17, 2002

Commissioner for Patents
Washington, D.C. 20231

AMENDMENT AND
PETITION FOR EXTENSION OF TIME

Sir:

Applicants petition to extend the time for response to the Office Action dated July 17, 2002 to and including December 17, 2002. A check in the amount of \$400.00 for payment of the extension fee is enclosed. Please charge any additional fee required for the extension, and credit any overpayment, to Deposit Account 06-1205.

I hereby certify that this correspondence is being deposited with the United States Postal Service as first-class mail in an envelope addressed to: Commissioner for Patents, Washington, D.C. 20231 on
December 17, 2002
(Date of Deposit)

PETER G. THURLOW Reg. No. 47,138

(Name of Attorney for Applicants)

Peter G. Thurlow

Signature

December 17, 2002

Date of Signature

12/27/2002 AOSMAN1 00000013 09675005

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400.00 OP

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In re Application of:

NAOJI OTSUKA ET AL.

Application No.: 09/675,005

Filed: September 29, 2000

For: PRINTING APPARATUS PRINTING
METHOD AND PRINT

Docket No. 00684.003082

Examiner: L. Nguyen

Group Art Unit: 2861

Date: December 17, 2002

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THE COMMISSIONER FOR PATENTS
Washington, D.C. 20231

Sir:

Transmitted herewith is an amendment in the above-identified application.

☒ No additional fee is required.

The fee has been calculated as shown below

CLAIMS AS AMENDED						
	(2) CLAIMS REMAINING AFTER AMENDMENT		(4) HIGHEST NO. PREVIOUSLY PAID FOR	(5) PRESENT EXTRA	RATE	ADDITIONAL FEE
TOTAL CLAIMS	* 24	MINUS	** 28	= 0	x \$9 \$18	0
INDEP. CLAIMS	* 4	MINUS	*** 7	= 0	x \$42 \$84	0
Fee for Multiple Dependent claims \$140°/\$280						
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT---						0

* If the entry in Column 2 is less than the entry in Column 4, write "0" in Column 5.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space.

☐ °Verified Statement claiming small entity status is enclosed, if not filed previously.

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☐ A check in the amount of \$_____ is enclosed.

☐ Charge \$_____ to Deposit Account No. 06-1205. A duplicate copy of this sheet is enclosed.

☒ Any prior general authorization to charge an issue fee under 37 C.F.R. 1.18 to Deposit Account No. 06-1205 is hereby revoked. The Commissioner is hereby authorized to charge any additional fees under 37 C.F.R. 1.16 and 1.17 which may be required during the entire pendency of this application, or to credit any overpayment, to Deposit Account No. 06-1205. A duplicate copy of this paper is enclosed.

☒ A check in the amount of \$400.00 to cover the fee for a two-month extension is enclosed.

☐ A check in the amount of \$_____ to cover the Information Disclosure Statement fee is enclosed.

☒ Applicants' undersigned attorney may be reached in our New York office by telephone at (212) 218-2100. All correspondence should continue to be directed to our address given below.

Respectfully submitted,



Attorney for Applicants

Registration No. 47,138

FITZPATRICK, CELLA, HARPER & SCINTO
30 Rockefeller Plaza
New York, New York 10112-3801
Facsimile: (212) 218-2200

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